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PROXY FORM
ANNUAL GENERAL MEETING

MEDICAL FACILITIES CORPORATION ("MFC")

WHFN

THURSDAY, MAY 14, 2020 AT 2:00 PM EDT

WHERE:

WWW.VIRTUALSHAREHOLDERMEETING.COM/DR2020

STEP 1

REVIEW YOUR VOTING OPTIONS

ONLINE: VOTE AT **PROXYVOTE.COM** USING YOUR COMPUTER OR MOBILE DATA DEVICE. YOUR CONTROL NUMBER IS LOCATED BELOW.



SCAN TO VIEW MATERIAL AND VOTE NOW



BY TELEPHONE: YOU MAY ENTER YOUR VOTING INSTRUCTIONS BY TELEPHONE AT: **ENGLISH:** 1-800-474-7493 OR **FRENCH:** 1-800-474-7501

BY MAIL: THIS VOTING INSTRUCTION FORM MAY BE RETURNED BY MAIL IN THE ENVELOPE PROVIDED.

REMINDER: PLEASE REVIEW THE INFORMATION / PROXY CIRCULAR BEFORE VOTING.

G-13122017

WE NEED TO RECEIVE YOUR VOTING INSTRUCTIONS AT LEAST ONE BUSINESS DAY BEFORE THE PROXY DEPOSIT DATE. CONTROL NO.:→ PROXY DEPOSIT DATE: MAY 12, 2020

INSTRUCTIONS:

- 1. This proxy is being solicited by management.
- 2. You have the right to appoint a different person or company (with appropriate documentation) of your choice, who need not be a securityholder, to attend and act on your behalf at the Annual General Meeting of MFC. If you wish to appoint a person other than the persons whose names are printed herein, please insert the name of your chosen proxyholder and provide a unique APPOINTEE IDENTIFICATION NUMBER for your Appointee to access the virtual meeting in the space provided (see reverse). The Shares represented by this form of proxy may be voted at the discretion of the proxyholder with respect to amendments or variations to the matters identified in the notice of meeting and with respect to other matters that may properly be brought before the meeting.

You MUST provide your Appointee the EXACT NAME and EIGHT CHARACTER APPOINTEE IDENTIFICATION NUMBER to access the Meeting. Appointees can only be validated at the Virtual Shareholder Meeting using the EXACT NAME and EIGHT CHARACTER APPOINTEE IDENTIFICATION NUMBER you enter.

IF YOU DO NOT CREATE AN EIGHT CHARACTER APPOINTEE IDENTIFICATION NUMBER, YOUR APPOINTEE WILL NOT BE ABLE TO ACCESS THE VIRTUAL MEETING.

- 3. If the Shares are registered in the name of more than one owner (for example, joint ownership, trustees, executors, etc.), then all those registered should sign this form of proxy. If you are voting on behalf of a corporation or another individual, documentation evidencing your power to sign this form of proxy with signing capacity stated may be required.
- 4. This instrument of proxy will not be valid and not be acted upon or voted unless it is completed as outlined herein and delivered to the attention of Proxy Tabulation, P.O. Box 3700, STN Industrial Park, Markham, ON, L3R 9Z9, Canada, by 2:00 p.m. EDT, on Tuesday, May 12, 2020.
- 5. In order to expedite your vote, you may use a touch-tone telephone or the Internet. To vote by telephone, call toll free 1-800-474-7493 (English) or 1-800-474-7501 (French). You will be prompted to provide your control number located above. To vote via the Internet, go to www.proxyvote.com and follow the simple instructions. The telephone or Internet voting service is not available on the day of the meeting and the telephone system cannot be used if you designate another person to attend on your behalf.
- 6. The form of proxy should be signed in the exact manner as the name appears on the form of proxy.
- 7. If the form of proxy is not dated, it will be deemed to bear the date on which it was mailed to the holder.
- 8. Proxy will be voted as directed. If no voting preferences are indicated on the reverse, this form of proxy will be voted as recommended by the Board of Directors.
- 9. To attend the meeting and vote your shares in person, securityholders can access the meeting by visiting www.virtualshareholdermeeting.com/DR2020. To participate in the meeting, you will need your 16-digit control number located above.

PROXY FORM

MEDICAL FACILITIES CORPORATION ("MFC")

MEETING TYPE: ANNUAL MEETING

MEETING DATE: THURSDAY, MAY 14, 2020 AT 2:00 PM EDT

RECORD DATE: MARCH 26, 2020

PROXY DEPOSIT DATE: MAY 12, 2020 CUID: ACCOUNT NO: CUSIP:

CONTROL NO.: →

STEP 2

APPOINT A PROXY (OPTIONAL)

APPOINTEE(S): ROBERT O. HORRAR, OR FAILING HIM, DAVID N.T. WATSON

Change Appointee

If you wish to designate another person to attend, vote and act on your behalf at the meeting, or any adjournment or postponement thereof, other than the person(s) specified above, print your name or the name of the other person attending the meeting in the space provided herein and provide a unique APPOINTEE IDENTIFICATION NUMBER USING ALL BOXES for your Appointee to access the meeting. You may choose to direct how your Appointee shall vote on matters that may come before the meeting or any adjournment or postponement thereof. Unless you instruct otherwise your Appointee will have full authority to attend, vote, and otherwise act in respect of all matters that may come before the meeting or any adjournment or postponement thereof, even if these matters are not set out in the proxy form or the circular for the meeting.

You MUST provide your Appointee the EXACT NAME and an EIGHT (8) CHARACTER APPOINTEE IDENTIFICATION NUMBER to access the Meeting. Appointees can only be validated at the Virtual Shareholder Meeting using the EXACT NAME and EIGHT (8) CHARACTER APPOINTEE IDENTIFICATION NUMBER you enter below.

PLEASE PRINT API	POINTEE NAME I	NSIDE TH	IE BOX					CREATE AN		CHARACTER R R YOUR APPO		TION NUMBE	R	
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MAXIMUM 22 CHAR	ACTERS - PLEASE P	RINT CLEA	ARLY					MUST BE EIG	GHT CHARAC	TERS IN LENG	TH - PLEASE P	RINT CLEARLY		E -R3C
STEP 3				CON	IPLETE Y	YOUR V	OTING DIRECTIO	NS						
01 ELECTION OF DIRECT		ECOMME WITHHOLD	NDATION: <u>FOR</u> AL	L THE NOMINE		ED AS DIR WITHHOLD	RECTORS (FILL IN ONLY O	NE BOX " 🔳 "	PER NOMIN	IEE IN BLACK	OR BLUE INK	()		
01 MARILYNNE DAY-LINTON			07 REZA SHAHIM											
02 STEPHEN DINELEY														
03 ERIN S. ENRIGHT														
04 ROBERT O. HORRAR														
05 DALE LAWR														
06 JEFFREY C. LOZON														
ITEM(S): VOTING RECOMN	TENDATIONS ARE	INDICATE	D BY HIGHLIG	HTED TEXT	OVER THE B	<i>OXES</i> (FIL	L IN ONLY ONE BOX "[PER ITEM I	N BLACK O	R BLUE INK)				
02 THE RE-APPOINTMENT OF KP AUTHORIZATION TO MFC'S BO AUDITORS' REMUNERATION.				FOR	WITHHOLD									

STEP 4	THIS DOCUMENT MUST BE SIGNED AND DATED											
SIGNATURE(S)	*INVALID IF NOT SIGNED*	М	M			Υ	Υ					